

1754


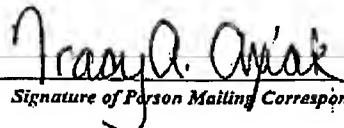


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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Malcom James Grieve, et al.			Docket No. DP-304989	
Serial No. 09/996,622	Filing Date November 29, 2001	Examiner Langel, Wayne A.	Group Art Unit 1754	
Invention: REFORMER SYSTEM PROCESS				
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED CENTRAL FAX CENTER FEB 13 2004 OFFICIAL </div>				
<p>I hereby certify that this <u>Amendment Transmittal Letter (1 page) and Amendment (11 pages)</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u>)</p> <p>on <u>February 13, 2004</u> <small>(Date)</small></p> <div style="text-align: right; margin-top: 20px;"> <u>Tracy A. Axiak</u> <small>(Typed or Printed Name of Person Signing Certificate)</small> <small>(Signature)</small> </div> <p style="text-align: center; margin-top: 30px;"> Note: Each paper must have its own certificate of mailing. </p>				

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DP-304989	
Applicant(s): Malcom James Grieve, et al.					
Serial No. 09/996,622	Filing Date November 29, 2001	Examiner Langel, Wayne A.	Group Art Unit 1754		
Invention: REFORMER SYSTEM PROCESS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	26 -	24 =	2 x	\$18.00	\$36.00
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$36.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$36.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: February 13, 2004		
Joel T. Charlton, Esq. Registration No. 52,721 CANTOR COLBURN, LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone No. (860) 286-2929			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on February 13, 2004 with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="text-align: center;">  _____ Signature of Person Mailing Correspondence Tracy A. Axiak (via facsimile) _____ Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					

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DP-304989

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

Applicant: MALCOM JAMES GRIEVE, et al.)
Serial No.: 09/996,622) Group Art Unit: 1754
Filed: November 29, 2001) Examiner: Langel, Wayne A.
For: REFORMER SYSTEM PROCESS)

VIA FACSIMILE: (703) 872-9306
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

This Amendment is submitted in response to the Office Action dated November 14, 2003.

Please amend the Application as follows: